

## REMARKS

Entry of this Amendment and reconsideration are respectfully requested in view of the remarks made herein.

Claim 1-3 and 5-18 are pending and stand rejected.

Claims 1-3 and 5-18 stand rejected under 35 USC 102(e) as being anticipated by Evans (USP no. 6,347,329).

Applicant respectfully disagrees with, and explicitly traverses, the reason for rejecting the claims.

Claim 1 recites, in part:

1. A method of generating a medical report, comprising:

...;

selecting a pre-chosen finding based on a diagnosis of the particular portion or sub-portion of the body;

enabling a user to create a user-selected finding by entering data in said selected pre-chosen finding; and

automatically copying electronically said user-selected finding from the displayed pre-chosen findings into the summary section of the medical report upon an indication by a user that it is desired that said user-selected finding be added to the summary section.

Evans, on the other hand, discloses a medical reporting system that creates and maintains all patient data electronically. The system uses a TAB oriented graphic user interface, e.g., Figure 5, to allow a user(s) to enter data. The user may select one of the TABs to view a second display and enter data thereon (see col. 6, lines 55-59, which state, in part, “[i]n a similar manner, to activate the patient data capture 140, the clinical data capture 142 or the encounter data capture 146, one selects the patient data tab 151, the clinical data tab, 142, or the encounter data tab 153, respectively.”). Furthermore, to display a second window, as shown with regard to Figure 8, Evans discloses that “a ... provider uses the patient chart window 180 [the main window] to view patient data. First, the healthcare provider selects a view item either by pointing and clicking twice on the item in a list displayed in the folder window 184 or pointing at the item in the list and pressing the view button 183. The double click opens a viewer window 185 [the second window] to display the view item 182.” (see col. 7, lines 33-41). Accordingly, the system

disclosed by Evans teaches a system that enables a user to view specific information regarding a patient using a TAB based graphic user interface, where the TABS are general operations performed with regard to patient care, and further allows the user to review more specific information in a second window when desired by the user.

The Office Action refers to Figure 20, item 334 as teaching the claim element "selecting a pre-chosen finding ... [and] enabling a user to create a user selected finding by entering data in said selected pre-chosen finding."

However, contrary to the statements found in the Office Action, Evans fails to describe "selecting a pre-chosen finding ... [and] enabling a user to create a user selected finding by entering data in said selected pre-chosen finding," as recited in claim 1. Rather, Evan discloses that "[a]s shown in FIG. 20, the reference access button 312 produces a reference window 330 including the graphical interfaces for the diagnosis module and the procedure module. For example, to enter a diagnosis, a physician clicks on the scroll down button adjacent to the system box to produce a list of body systems. The physician selects the appropriate system and the diagnosis module enters the selected system in the system box and provides a list having specific diagnosis codes for the selected body system in the diagnosis box 334. The physician then selects the appropriate diagnosis code and clicks on the add button adjacent to the diagnosis selection box. The diagnosis module enters the selected diagnosis code to the diagnosis selection box 337. The physician may repeat the above steps to add multiple diagnosis codes to the diagnosis selection box 337. In a similar manner, a physician uses the scroll down button 31 adjacent to the topic box to select the appropriate procedure topic." (see col. 11, lines 42-65). (emphasis added).

Hence, Evans further describes a system wherein the user is provided a dropdown menu containing a list of pre-chosen codes that the physician may select and incorporate into the report. However, Evans fails to describe any means for "enabling a user to create a user selected finding by entering data in said selected pre-chosen finding," as is recited in claim 1. Rather, Evans is limited to selecting and incorporating pre-chosen findings but does not provide any means to enter data into the selected finding.

A claim is anticipated only if each and every element recited therein is expressly or inherently described in a single prior art reference. Evans cannot be said to anticipate the

present invention, because, as shown, Evans fails to disclose each and every element recited.

For at least this reason, applicant submits that the rejection of claim 1 has been overcome and can no longer be sustained. Applicant respectfully requests withdrawal of the rejection and allowance of the claim.

With regard to independent claims 8, 9, 16, 17 and 18, these claims recite subject matter similar to that recited in claim 1 and were rejected for the same reason used in rejecting claim 1. Thus, for the remarks made in response to the rejection of claim 1, which are also applicable in response to the rejection of these claims, and reasserted, as if in full, herein, applicant submits that the reason for rejecting these claims has been overcome and the rejection can no longer be sustained. Applicant respectfully requests withdrawal of the rejection and allowance of the claims.


With regard to the remaining claims, these claims ultimately depend from the independent claims which have been shown to contain subject matter not disclosed by, and, hence, allowable over, the reference cited. Accordingly, these claims are also allowable by virtue of their dependency from an allowable base claim. Applicant respectfully requests withdrawal of the rejection and allowance of these claims.

For all the foregoing reasons, it is respectfully submitted that all the present claims are patentable in view of the cited references. A Notice of Allowance is respectfully requested.

Respectfully submitted,

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